

## **Appendix A**

### **OU 3-13, Group 5, Snake River Plain Aquifer Health and Safety Plan Training Acknowledgment Form**

## **Instructions to complete Training Form-361.02**

The Form 361.02 training Attendance Roster goes here. Writer to follow the below instructions.

The training roster must be completed in the following manner as part of the issued HASP:

1. The Course Number is ER HASP 99 (this number has been decided by Coleman for input into the TRAIN system) and should be already in the box.
2. Revision is 0.
3. Course Title is: Health and Safety Plan Acknowledgment, Class Title: (Insert name and number of the project here). This box needs to be completed at the time of the writing of the HASP.
4. The remarks section is already completed.

## TRAINING ATTENDANCE ROSTER

	Records Use Only		
	Date	S#	Initial
Quality Check			
TRAIN Entry			
Class Code			

Page of

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A-2

0361.02  
10/13/98  
Rev. 03

TRAINING ATTENDANCE ROSTER

Quality Check TRAIN Entry	Records Use Only		
	Date	S#	Initial
	_____	_____	_____
	Class Code _____		

Page \_\_\_\_\_ of \_\_\_\_\_

Course Number	Revision	Course Title	Starting Date / Time
ER HASP 99	0	Health and Safety Plan HAZWOPER Site Specific Training Form  Class Title: OU3-13 Group 5 Snake River Plain Aquifer	
Instructor's S#	Instructor's Name	Instructor's Signature	Instructor initial each day's class attendance

A-3

## **Appendix B**

### **OU 3-13, Group 5, Snake River Plain Aquifer HAZWOPER 24-Hour Supervised Field Experience Acknowledgment Form**

## **HAZWOPER 24-Hour Supervised Field Experience Acknowledgment Form**

This checklist is to be reviewed with each HAZWOPER worker performing field tasks lasting longer than three working days. The review is to be completed by the immediate field supervisor based upon the supervisor's direct observations and worker refresher training during daily Plan of the Day meetings. For BBWI and Subcontractor personnel, the signed form is to be submitted to the BBWIER Training Coordinator at MS 3902 and a copy retained in the field project files.

**Project: Post-Record of Decision Monitoring System and Installation Plan OU 3-13 Group 5**

- Knowledge of names of personnel and alternates responsible for project safety and health.
- Knowledge of safety, health hazards at the project site and co-located facilities.
- Knowledge of PPE requirements.
- Knowledge of operating/maintenance procedures and safe-work practices.
- Knowledge of hazard control.
- Knowledge of medical surveillance requirements, including recognition of signs and symptoms that may indicate overexposure to hazards.
- Knowledge of decontamination procedures.
- Knowledge of project site and facility emergency response procedures.
- Knowledge of emergency signals, take cover areas and evacuation routes.
- Knowledge of spill containment and waste management/minimization procedures.
- Knowledge of project site access controls and postings.
- Knowledge of location of first aid kits, eye wash stations, fire extinguishers and energized system controls.

Please complete the Training Attendance Roster Form (361.02) on the next page and return to the environmental operations training coordinator to have this information placed into the TRAIN system. Retain a copy for the project files.

## **Instructions to complete Training Form-361.02**

The Form 361.02 training Attendance Roster goes here. Writer to follow the below instructions.

The training roster must be completed in the following manner as part of the issued HASP:

- 1) The Course Number is ER HASP 99 (Number established by Coleman for input into the TRAIN system) and should be already in the box.
- 2) Revision is 0.
- 3) Course Title is: Health and Safety Plan HAZWOPER 24 hour Supervised Field Experience Acknowledgment form, Class Title: (Insert name and number of the project here). This box needs to be completed at the time of the writing of the HASP.
- 4) The remarks section is already completed.

## TRAINING ATTENDANCE ROSTER

	Records Use Only		
	Date	S#	Initial
Quality Check	_____	_____	_____
TRAIN Entry	_____	_____	_____
Class Code	_____	_____	_____

Page \_\_\_\_\_ of \_\_\_\_\_

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10/13/98  
Rev. 03



## TRAINING ATTENDANCE ROSTER

	Records Use Only		
	Date	S#	Initial
Quality Check	_____	_____	_____
TRAIN Entry	_____	_____	_____
Class Code	_____	_____	_____

Page of

<b>Course Number</b>	<b>Revision</b>	<b>Course Title</b>	<b>Starting Date / Time</b>
ER HASP 99	0	Health and Safety Plan HAZWOPER 24-hour Supervised Field Experience Acknowledgment Form  Class Title: Monitoring and Monitoring System and Installation Plan OU 3-13 Group 5 Snake River Plain Aquifer	
Instructor's S#	Instructor's Name	Instructor's Signature	Instructor initial each day's class attendance

B-4